SUBSTITUTE TEACHER POLICY

Uncertified substitute teachers may be approved for employment as long as they have been graduated from high school for at least **four (4)** years and meet the following **minimal** qualifications:

1. An Associates' Degree or higher; **OR**
2. Completed at least two (2) years of post-secondary education; **OR**
3. Have been graduated from High School for at least four (4) years, and have completed a minimum of twelve (12) college credits; **OR**
4. Having served and been honorably discharged from the military.

Please indicate your status below:

_____ I do not meet the minimum qualifications (see comment section below, if needed)

OR

I acknowledge that I am eligible to substitute for the Horseheads Central School District because I meet the following requirement(s):

I have been out of High School for at least four (4) years, and I

_____ Have an Associate's Degree (or higher).

_____ Have completed at least two (2) years of post-secondary education.

_____ Have been graduated from High School for at least four (4) years and have completed at least twelve (12) college credit hours.

_____ Have served and honorably discharged from the military.

_____
Please print name here

_____ _____
Signature Date

Comments: _____
_____
_____
_____
_____

Dear Applicant:

Thank you for your interest in becoming a substitute teacher and/or home tutor for the Horseheads Central School District.

The procedure for having your name placed on the substitute teacher list is as follows:

1. Complete the district application and **ALL** forms. **Note:** Do not complete the Teachers' Retirement Application if you do not wish to join the retirement system.

2. Return the completed forms to the Human Resource Office **in person** with two forms of ID as outlined in the I9 Form. (NY State Driver's License and Social Security Card or Passport are acceptable).

3. Your application will be reviewed by the Director of Human Resources.

4. If your application is approved, you will be notified and your name will be placed on the agenda for approval at the next regular Board of Education meeting.

5. Upon approval, you will need to make arrangements to be fingerprinted if you haven't already done so. Your name will not be added to the substitute teacher list until a fingerprint clearance has been obtained by the District. Directions for fingerprinting are included within the application packet. Please contact Human Resources once you have completed the fingerprint process.

6. Once this process is complete, the Human Resource office will inform the automated substitute calling system, known as AESOP/Frontline, that you are an approved substitute and will request to have a Personal Identification Number (PIN) generated and emailed directly to you with directions.

7. At this point, you should be ready to take assignments.

8. **NOTE**: Included with the application packet is the "Handbook for Substitute Teachers" with important procedural information.

Thank you for your interest in our District. We look forward to seeing you!

Sincerely,

Gena Benedict
Human Resource Secretary
gbenedic@horseheadsdistrict.com
607-739-5601 ext. 4211

APPPLICATION FOR
SUBSTITUTE TEACHER

Name_____
First Last MI

Phone: _____ Email: _____

Address_____
Street State Zip

Social Security #_____ NYS Retirement #_____

Person to contact in case of emergency_____
Name Phone #

CERTIFICATION STATUS: State Type Number

(COPY REQUIRED)

EDUCATION: High School_____
College/University _____
If not certified, copy of degree required

EDUCATIONAL EXPERIENCE:

School	Grade/Subjects Taught	Date

PROFESSIONAL REFERENCES:

Name	Title	Address	Telephone #

Areas interested to Substitute: Elementary _____
Secondary _____ _____
List _____ _____
Areas _____ _____
_____ _____

Additional paperwork is necessary to apply for a permanent position. Horseheads advertises all teacher openings. If you wish to be considered for an opening, you must inform the Office of Human resources at the time of advertisement.

THE HUMAN RIGHTS OF THE STATE OF NEW YORK PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, COLOR, NATIONAL ORIGIN, SEX, MARITAL STATUS OR HANDICAP TO DISABILITY. THE HORSEHEADS SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER.

MESSAGE FROM THE NEW YORK STATE TEACHERS' RETIREMENT SYSTEM

Since January 1, 1986, all employees have been required by law to inform any "teacher" who is not a full-time per annum employee, such as a part-time or substitute teacher, of her/his right to elect to become a member of the Retirement System. (Membership in the System for full-time per annum teachers is mandatory and not subject to election.)

Should any employee have questions regarding membership in this System or desire further information, (s)he should be encouraged to schedule an appointment with a System representative at one of the 26 field consultation sites or telephone the Membership Department in Albany (518-447-2828).

Please complete the written acknowledgement stating you are aware of the above statements.

I hereby acknowledge that I have been informed by Horseheads Central School District, my employer, that as a "teacher" not currently a member of the New York State Retirement System, hereinafter called TRS, who is or will be rendering less than full-time service for the school year, I may, as a matter of right, join TRS. I further acknowledge that I understand, under present law, if I elect to join TRS, I must complete a retirement system application, which must be filed with the retirement system in order to be effective. As a result of joining the retirement system, I will be required to contribute, pursuant to Article 15 of the RSSL, 3% of my salary to the retirement system and furthermore, as a member of the retirement system, I will be required to pay FICA taxes.

If I join the system, my beneficiary will be protected by a death benefit should I die in service after I have been credited by the system with one (1) year of service. Upon meeting eligibility requirements, I will be entitled to a lifetime pension at age 62 or a disability pension at an earlier age if I become permanently and totally disabled from gainful employment.

I understand if I do not elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member.

I understand if I do not join at this time, and later join TRS trough another school district while still subbing for Horseheads Central School District, I must notify the school district that I have become a member. I also understand if I fail to notify the school district, I will be invoiced for the 3% deduction that TRS will bill the school district for my retirement account.

_____

Signature Date

Employment Application

Horseheads Central School District

One Raider Lane • Horseheads, NY 14845 • (607) 739-5601, x4211/x4212

The Horseheads Central School District is an equal opportunity employer. The district does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identify, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et seq. known as the Americans With Disabilities Act or § 504 of the Rehabilitation Act of 1973, New York State Human Rights Law, and The Boy Scouts of America Equal Access Act of 2001.

Personal Information (Please type or print legibly)

Name _____ Date_____
Last First Middle Initial

Address _____
No. Street City State Zip

How long at this address (years/months)? _____

Previous name(s) by which you have been known in the last ten years _____

Telephone (_____) _____ E-Mail: _____

Position applying for _____ Salary desired _____

How did you find out about this position?

_____ Newspaper _____Vacancy Notice _____Other – specify: _____

_____ Walk-in _____Word of Mouth _____

Have you been employed previously by the Horseheads Central School District? _____ Yes _____ No

If yes, what date(s)? _____ Position(s)? _____

Are you a United States citizen? _____ Yes _____ No

Are you a licensed driver? _____ Yes _____ No

If yes, what type or class? _____

Please do not leave any blank spaces. Your file will be complete after submitting the following: employment application, letter of interest, resume, evidence of highest education (any certification, licenses, transcripts, diplomas), and three current reference letters less than one year old.

Personal Information

1. Have you ever resigned from a position rather than face disciplinary action? _____ Yes _____ No
2. Has any disciplinary action been brought against you which resulted in your being discharged from employment? _____ Yes _____ No
3. Have you ever been convicted of any crime (felony or misdemeanor)? _____ Yes _____ No
4. Have you ever had a teaching credential revoked, suspended, or annulled? _____ Yes _____ No
5. Have proceedings ever been initiated against you pursuant to New York State Education Law Section 3020a? _____ Yes _____ No

If you answered "yes" to any of the questions above, **provide on a separate sheet the specifics or an explanation for the response**. If you elect not to provide specifics, or if such an explanation is insufficient, a confidential investigation may be initiated. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

United States Military Service

Branch of Service _____ Date entered _____ Date discharged _____

Did you receive an honorable discharge? _____ Yes _____ No
(A dishonorable discharge is not an absolute bar to employment. Other factors will affect the hiring decision).

Final rank _____ Service school(s) or special training _____

Reserve or National Guard training _____

Tenure

Have you ever been granted tenure in New York State? _____ Yes _____ No

Name of School District	Tenure Area	Effective date

Certificate/License

Name of Certificate/License	Number	Type (i.e., temporary, adult ed., provisional, permanent)	Date issued	State

Employment

Begin with present or most recent employer. If applying for a teaching position, list grade or subject taught, including student teaching experience. **This section must be filled out completely.** If you need additional space, please continue on a separate sheet of paper. [Key: F/T = full time P/T = part time]

Employer Telephone	Dates Employed: From: To:	Work Performed
Address		
Job Title	Check one: F/T _____ P/T _____	
Supervisor		
Reason for leaving		
Employer Telephone	Dates Employed: From: To:	Work Performed
Address		
Job Title	Check one: F/T _____ P/T _____	
Supervisor		
Reason for leaving		
Employer Telephone	Dates Employed: From: To:	Work Performed
Address		
Job Title	Check one: F/T _____ P/T _____	
Supervisor		
Reason for leaving		

Summarize **special skills, qualifications, and honors** achieved from employment, education, or other experience that would advance your candidacy: _____

_____

List any other **organizations** (professional, volunteer, community service) to which you belong which relate to your candidacy: _____

_____

Education

High School _____ Graduated? _____Yes _____ No

Address _____

Type of Degree, Diploma or Certificate _____

College/University _____ Graduated? _____Yes _____ No

Address _____

Type of Degree, Diploma or Certificate _____

Graduate School _____ Graduated? _____Yes _____ No

Address _____

Type of Degree, Diploma or Certificate _____

Special Training _____

References

List below three (3) professional references who have observed your work.

Name	Address	Telephone

List below two (2) references, not related to you, who may be contacted.

Name	Address	Telephone

I hereby declare that the information provided by me is true, factual, and complete. I understand that false or incomplete statements or misrepresentations may disqualify me for employment or cause my subsequent dismissal. If employed by the Horseheads Central School District, I understand that I may be required to supply additional personal information for the purpose of determining my eligibility for benefits and for statistical data.

I acknowledge that nothing in this application or in the Horseheads Central School District hiring process creates a contract of employment and that the Horseheads Central School District, should I obtain employment, retains its right to terminate my employment in accordance with the law. I hereby authorize the Horseheads Central School District to verify my credentials and investigate me (including a DMV check and a consumer investigative report) as allowed by law. This verification process may include discussions with references I have listed, co-workers, friends, and business associates, and others who the district, in its sole judgment, believes has relevant information. I will not make any claims against the district or persons the district may contact during the investigation of references and my application in general. I hereby release the district and such persons from any and all claims related in any way to such reference checks or investigation or my application in general.

I understand that if hired by the Horseheads Central School District, I must submit to fingerprinting and a criminal background check as required by the state SAVE legislation.

Signature _____ Date _____

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

►START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	**OR**	**List B** Identity	**AND**	**List C** Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**For persons under age 18 who are unable to present a document listed above:**		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

SUBSTITUTE TEACHER/HOME TUTOR

Social Security and Teachers' Retirement System

This form is to be completed by ***all Substitute Teachers/Home Tutors employed in the Horseheads Central School District.***

1. Are you a member of the NYS Teachers' Retirement System?_____
   (Retired teachers are NOT considered members.)

2. Are you a retired teacher?_____
   If yes, educational institution retired from: _____

3. What type of degree do you hold, if any?_____

4. Are you certified?_____

5. What is your area of certification?_____

If you are a member, fill in the following:

_____ I **DO** contribute _____ % to the Teachers' Retirement System.

Teacher Retirement Number:_____

Social Security deductions will be taken if you are a member of the Retirement System.

_____ I **DO NOT** contribute to the Teachers' Retirement System.

SUBSTITUTE INSTRUCTIONAL EMPLOYEES who are not members of TRS, please check one of the following:

_____ I **WISH TO JOIN** the Teachers' Retirement System.
3.5% of your gross salary will be deducted for the Teachers' Retirement System. Please complete TRS application that follows.

_____ I **DO NOT** wish to join the Teachers' Retirement System at this time.

_____ _____
Date Signature

_____
Social Security #

NET-2 (12/16)

NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395
(800) 348-7298 or 447-2900 (Albany-area calls); Membership Ext. 6190

OFFICE SERVICES ONLY

APPLICATION FOR MEMBERSHIP

Please Provide All Requested Information

PART 1 — TO BE COMPLETED BY APPLICANT

Social Security Number ___ - __ - ____

EmplID #

First Name

MI

Last Name

Street Address

Street Address

City

State

Zip Code ____ - ____

Phone Number (___) ___ - ____

☐ Home ☐ Cell ☐ Other

Email Address

Gender ☐ Male ☐ Female

Date of Birth ___ / ___ / ____
Month Day Year

Former Name
Last Name

PART 2 — TO BE COMPLETED BY EMPLOYER (Refer to Section 1 of the NYSTRS Employer Manual at NYSTRS.org)

Mandatory Membership

1 First date of full-time service ___ / ___ / ____
Month Day Year

OR

Optional Membership

2 The earliest month in which:

A. Both service was rendered and the application was notarized (Service can be rendered after the month of notarization.) ___ / 0 1 / ____
Month Day Year

OR

B. Member contributions were taken.

LOCATION CODE:

1) PER DIEM SUB ☐ ***OR*** **2) CURRENT YEAR EARNINGS:** $ _____ . __

Membership in NYSTRS is restricted to teachers as defined by Section 501-4 of the Education Law. Teachers must be in "UNCLASSIFIED SERVICE" pursuant to Section 35 of the Civil Service Law. (As not all "unclassified" positions are reportable to NYSTRS, please contact the State Education Department for guidance if necessary.)

Note: In cases that are not clear to either Civil Service or the State Education Department, the Retirement Board shall determine whether a person is a teacher as defined by law.

My signature certifies this employee is eligible for NYSTRS membership as determined by Civil Service or the State Education Department.

SIGNATURE OF AUTHORIZED OFFICIAL

PART 3 — TO BE COMPLETED BY APPLICANT

NYSTRS SERVICE CREDIT

* SIX IMPORTANT QUESTIONS *

You are responsible for ensuring your records are complete and accurate. Failure to provide any of the following necessary information could result in the loss of or reduction in a future benefit.

For an explanation of questions 1-5, see page 6.

1. Are you now a member of another New York State (NYS) or New York City (NYC) public retirement system? If YES, carefully read page 6, Question 1 for further information. ☐ YES ☐ NO

Name of Retirement System:

2. Are you receiving a pension (monthly benefit) from another NYS or NYC public retirement system? ☐ YES ☐ NO

If YES, is it a disability pension? ☐ YES ☐ NO

If YES, provide the information below and then refer to page 6 for important membership eligibility information.

Name of Retirement System:

Retirement Number:

3. If you have a **former, inactive membership** with any NYS or NYC public retirement system that qualifies you to be reinstated, do you elect reinstatement? ***This election is irrevocable.*** ☐ YES ☐ NO

If YES, in what system was your former service credited:

Name of Retirement System:

System Membership or Registration #:

4. Do you wish to claim previous NYS or NYC public employment or public teaching service not included in question 3? ☐ YES ☐ NO

5. Have you ever served in the armed forces of the United States? ☐ YES ☐ NO

6. Are you currently an active member of the **Optional Retirement Program (TIAA/VDCP)**? ☐ YES ☐ NO

If YES, name the employer:

Member Social Security Number

___ - __ - ____

PART 4 — DESIGNATION OF BENEFICIARY (NET-11.4)

*Please review all information on pages 4-5 before completing this area. Any changes made on this application **must** be initialed.*

Name and Address of Beneficiary(ies)

Check One: ☐ Primary ☐ Contingent

First Name | MI | Last Name

Street Address

Street Address

City | State | Zip Code

Date of Birth: Month / Day / Year

Male ☐ Female ☐

Beneficiary Social Security Number ___ - __ - ____

Relationship: ☐ Spouse ☐ Child ☐ Other

Name and Address of Beneficiary(ies)

Check One: ☐ Primary ☐ Contingent

First Name | MI | Last Name

Street Address

Street Address

City | State | Zip Code

Date of Birth: Month / Day / Year

Male ☐ Female ☐

Beneficiary Social Security Number ___ - __ - ____

Relationship: ☐ Spouse ☐ Child ☐ Other

Continued on Back

Member Social Security Number

___ - __ - ____

Name and Address of Beneficiary(ies)

Check One: ☐ Primary ☐ Contingent

First Name | MI | Last Name

Street Address

Street Address

City | State | Zip Code

Date of Birth: Month / Day / Year

Male ☐ Female ☐

Beneficiary Social Security Number ___ - __ - ____

Relationship: ☐ Spouse ☐ Child ☐ Other

I understand my designated beneficiary(ies) will receive the death benefit coverage authorized by Paragraph 2 of Section 606(a) of the Retirement and Social Security Law.

I direct the New York State Teachers' Retirement System, in the event of my death prior to retirement, to pay the death benefit and my contributions in one payment to the beneficiary(ies) listed above. If more than one beneficiary is listed, the share of any beneficiary who predeceases me will be equally shared by the surviving beneficiary(ies). I further direct that if I survive all designated primary beneficiaries, the benefit shall be paid in equal shares to the surviving contingent beneficiary(ies). If I should survive all designated beneficiaries, the amount of any death benefit shall be paid to my estate.

A portion of the death benefit coverage under Paragraph 2, Section 606(a) of the Retirement and Social Security Law may continue into retirement. The individuals listed above or on the most recently filed *Designation of Beneficiary* form are the beneficiary(ies) for this coverage.

I certify that the information I provide on this application is correct. I understand that I must contribute between 3% to 6%, based on my earnings. If my death occurs prior to retirement or the termination of my membership, those contributions, with interest, will be paid to my designated beneficiary(ies) or my estate.

By filing this application, I claim any prior service for which I am eligible. I also understand that my address may be updated based on the submission of payroll data by my employer.

This application must be signed and notarized in order to be valid.

Signature of Applicant ➥

Married women must use their given name (Mary Smith not Mrs. John Smith)

State of _____

County of _____

On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Signature of Notary: _____ **Expiration Date:** _____

If you need assistance in completing Part 4 *(Designation of Beneficiary)* of this application, please call (800) 348-7298, Ext. 6130.

DESIGNATION OF BENEFICIARY

- **If you wish to name more than three beneficiaries, please ask your school business office for an additional *Designation of Beneficiary* (NET-11.4) form to complete and submit with this application.**
- **If you wish to designate a custodian for a minor, a testamentary trust, an intervivos trust, or a corporation, please contact us at (800) 348-7298, Ext. 6130 for instructions to properly complete the designation.**
- **For each beneficiary, be sure you have checked either primary or contingent.**
- **At least one beneficiary must be designated as primary.**
- **Contingent beneficiaries should be listed after the primary.**
- **Do not number beneficiaries.**
- **List all requested information for each beneficiary. For married women, use their given name (Mary Smith not Mrs. John Smith).**
- **An unborn child may not be named as a beneficiary.**
- **If you wish to name your estate as beneficiary, please write "MY ESTATE" on the beneficiary name line. We also suggest that you contact your tax advisor to determine if this designation is in your best interest.**
- **Percentage allocations for each category (primary or contingent) must equal 100%. Only whole number percentage designations are allowed.**
- **If your beneficiary designation is deemed invalid, we will update your beneficiary as your estate until a valid designation is filed.**

DEATH BENEFIT ELECTION

Each new member of the Retirement System has death benefit coverage under Paragraph 2 of Section 606 of the Retirement and Social Security Law.

The Paragraph 2 death benefit is payable if death occurs while in active service. It provides one year's salary after a year of member service, increasing each year to a maximum of three years' salary after three or more years of member service. The benefit is reduced after age 60 by 4% per year, up to a maximum reduction of 40% at age 70. (Reductions begin at age 61; age is not rounded and the reduction is not prorated.)

Paragraph 2 also provides a survivor benefit after retirement. The death benefit in effect at the time of retirement is reduced to 50% during the first year of retirement, 25% during the second year of retirement, and 10% of the benefit in effect at age 60 (or at retirement, if earlier than age 60) for the third and future years.

Once we receive your membership application, we will send you an acknowledgement letter. To learn more about your membership, we urge you to read *Your First Look at NYSTRS* and the *Active Members' Handbook*, which are available in the Library at NYSTRS.org.

NYSTRS is required by state and federal laws to collect personal information and maintain records to ensure an accurate calculation of any benefits that may be payable. This information is disclosed only where authorized by law. Failure to provide all necessary information may interfere with timely payment of benefits.

NYSTRS' Privacy Policy identifies and describes the types of information collected and how the information is used. The complete policy is available at: https://www.nystrs.org/Privacy-Policy. For questions regarding the policy, email communit@nystrs.org or write to NYSTRS, Attn: Public Information Office, 10 Corporate Woods Drive, Albany NY 12211-2395.

QUESTION 1

If you have an active membership in one of the NYS or NYC public retirement systems shown below but are no longer working in a position reportable to that system, you may be eligible to transfer that membership to NYSTRS. A transfer will bring all of your service credit, member contributions (if any) and original date of membership to your new NYSTRS membership.

NYS/NYC public retirement systems from which a transfer of membership is possible:

New York State and Local Employees' Retirement System (866-805-0990)
New York City Teachers' Retirement System (888-869-2877)
New York City Board of Education Retirement System (800-843-5575)
New York City Employees' Retirement System (877-669-2377)
New York State and Local Police and Fire Retirement System (866-805-0990)
New York City Police Pension Fund (866-692-7733)
FDNY Pension Bureau Fire Department (718-999-1189)

To request a transfer, please obtain forms and instructions from the appropriate retirement system(s) noted above.

QUESTION 2

If you are receiving a pension from any NYS or NYC Retirement System, you may need to suspend your monthly benefit to be eligible for a membership in this System. We strongly urge you to contact that system to determine the impact any employment may have on your retirement benefit.

QUESTION 3

If you held a former membership in a NYS or NYC public retirement system, you may be eligible for reinstatement to an earlier date of membership. By answering **YES** to question 3, we will review your eligibility for reinstatement and advise you accordingly. If you are reinstated to a Tier 1 or 2 membership, there will be no cost to you and you will no longer be required to make member contributions. However, if you are reinstated to a Tier 3-6 membership, there is a cost associated with the reinstatement. Once processing has been completed for your reinstatement to a Tier 3 or 4 membership, and if you meet the requirements noted below for Article 19*, you may then be eligible to have deductions stopped. We would notify your employer to stop withholding effective **July 1 of the school year in which your payment was received in the system**.

*Article 19 of the Laws of 2000 eliminates mandatory deductions for any Tier 3 and 4 members once the member has attained **10 years of service or 10 years of membership**.

Generally, it is to your advantage to be reinstated to an earlier date of membership. **However, there are situations where it may not be in your best interest to elect reinstatement.** We urge you to contact NYSTRS at (800) 348-7298, Ext. 6250 to discuss the details of your reinstatement with a System representative.

Note: By checking YES you are electing tier reinstatement. A tier reinstatement election is irrevocable.

QUESTION 4

You may be eligible to receive prior service credit for New York State public service (full-time, part-time, or substitute work), including NYC, if such service was credited or would have been creditable in a New York State public retirement system. Visit our Web site at NYSTRS.org to obtain our claim and verification forms.

As a Tier 6 member, the following service is not creditable in our System:

- Out-of-state teaching service;
- Service for private or parochial schools, for the federal government or in armed forces dependent schools; or,
- Non-public service.

After the prior service has been verified and you have earned a minimum of two years of credit under this membership, you should contact us for the cost of purchasing any allowable service. The cost will be 6% of the salary received during the period of verified service plus 5% interest per year.

Credit cannot be allowed for any service for which you are now receiving a benefit or for which you will be eligible to receive a benefit from any other public retirement system, or the federal government.

Note: It is not necessary to check a box if all service was credited to a former membership AND you have elected tier reinstatement by checking box 3.

QUESTION 5

To initiate your claim for military service with this System, you will need to submit a copy of Form DD214, Armed Forces of the US Report of Transfer or Discharge.

If you do not have the DD214, contact:

National Personnel Records Center
Military Personnel Records
1 Archives Drive
St. Louis, Missouri 63138
Phone: (314) 801-0800
www.archives.gov/veterans/military-service-records

Horseheads Central Schools
2018-2019 School Calendar

B.O.E. Approved 6/21/18 ^ Early Dismissal Drill

SEPTEMBER

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23 30	24	25	26	27	28	29

OCTOBER

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12^	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

DECEMBER

S	M	T	W	T	F	S
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23 30	24 31	25	26	27	28	29

JANUARY

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27	28	29	30	31		

FEBRUARY

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MARCH

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24 31	25	26	27	28	29	30

APRIL

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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY

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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE

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						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23 30	24	25	26	27	28	29

First Day of School PreK - 9th:
Wednesday, September 5, 2018

First Day of School 10th - 12th:
Thursday, September 6, 2018

Last Teacher Day:
Wednesday, June 26, 2019

School Not in Session:

Labor Day	9/3
Columbus Day	10/8
Veterans Day	11/12
Thanksgiving Recess	11/21 - 11/23
Winter Recess	12/24 - 1/4
Martin Luther King, Jr Day	1/21
President's Day Recess	2/18 - 2/19
Spring Recess/Good Friday	4/15 - 4/19*
Memorial Day Recess	5/27*

**** Pending days utilized for emergency/snow day closures during the year.***

Parent/Teacher Conference

11/9/18 (Full Day Off - Pre K – 6th Only)
11/16/18 (½ Day PM Off - Pre K – 6th Only)

End of Year
½ Days (A.M.)

6/21/19 (7th – 8th Only)
6/24/19 (Pre K – 8th Only)
6/25/19 (Pre K – 6th Only)

Full Days Off

9/5/18 (10th – 12th Only)
1/28/19 (7th – 12th Only)
6/21/19 (Pre K – 6th Only)
6/25/19 (7th – 8th Only)

LEGEND

■	**Conference Days** (9/4, 10/19, and 3/15)
▒	**Schools Closed***
○	**Regents Exams**

The district will utilize April 22, and May 24, 2019 as potential give back days PENDING the use of emergency closure days and/or the need to meet state mandated attendance days and/or hours.

The district will communicate to residents and staff in regard to these days at the end of March 2019.

Please be aware, if the district needs to make up school days due to excessive emergency/snow closure days, the Priority of Make-up Days for spring break will be as follows, upon notification of the district:

1st Make Up Day	4/15/19
2nd Make Up Day	4/16/19
3rd Make Up Day	4/17/19
4th Make Up Day	4/18/19
Last Day: 9th – 12th:	*6/17/19*
Last Day: 7th – 8th:	*6/24/19*
Last Day: PreK-6th:	*6/25/19*

HORSEHEADS CENTRAL SCHOOL DISTRICT
2018/2019
PAYROLL CALENDAR

Lag PR WORK DAYS	REPORTS DUE P/R	Lag/Sub/Extra time PAYROLL PERIOD	P/R #	PAYDATES	REMARKS
05	Mon 06/25	06/16-06/22	1	07/05/18	1/2 pay 12 month employee, 1st pay 11 month
10	Mon 07/9	06/23-07/07	2	07/19/18	
10	Mon 07/23	07/08-07/21	3	08/02/18	2nd pay 11-month employee
10	Mon 08/06	07/22-08/04	4	08/16/18	
10	Mon 08/20	08/05-08/18	5	08/30/18	
10	Tues 09/04	08/19-09/01	6	09/13/18	1st teacher pay (most 10 month employee)
10	Mon 09/17	09/02-09/15	7	09/27/18	1st 10-month hourly employee
10	Mon 10/01	09/16-09/29	8	10/11/18	
10	Mon 10/15	09/30-10/13	9	10/25/18	
10	Mon 10/29	10/14-10/27	10	11/08/18	
10	Tues 11/13	10/28-11/10	11	11/21/18	Mail checks (Wednesday pay)
10	Mon 11/26	11/11-11/24	12	12/06/18	
10	Mon 12/10	11/25-12/08	13	12/20/18	
10	Fri 12/21	12/09-12/22	14	01/03/19	
10	Mon 01/07	12/23-01/05	15	01/17/19	
10	Tues 01/22	01/06-01/19	16	01/31/19	
10	Mon 02/04	01/20-02/02	17	02/14/19	
10	Wed 02/20	02/03-02/16	18	02/28/19	
10	Mon 03/04	02/17 -03/02	19	03/14/19	
10	Mon 03/18	03/03-03/16	20	03/28/19	
10	Mon 04/01	03/17-03/30	21	04/11/19	
10	Tues 04/16	03/31-04/13	22	04/25/19	
10	Mon 04/29	04/14-04/27	23	05/09/19	
10	Mon 05/13	04/28-05/11	24	05/23/19	
10	Tues 05/28	05/12-05/25	25	06/06/19	
10	Mon 06/10	05/26-06/08	26	06/20/19	final pay most 10-month employee
05	Mon 06/17	06/09-06/15	27	06/27/19	1/2 pay 12 month employee
05	Mon 06/24	06/16-06/22	1	07/03/19	1/2 pay 12 month employee - Mail check (Wednesday pay)
10	Mon 07/08	06/23-07/06	2	07/18/19	

FINGERGPRINTING INSTRUCTIONS

- Schedule appointments at www.identogo.com or call 877-472-6915.

  - When scheduling your appointment, you will be asked to provide a Service Code. The NYSED code for this is 14ZGR7. This tells the vendor which agency to send the fingerprint results to once the fingerprinting process is complete.

Service Code	14ZGR7

- There is a fee, payable at your fingerprinting appointment.

*Location: Able 2
1118 Charles St., Elmira, New York

Days/Times: Wed. & Fri. 9:00–12:00 & 1:00-5:00

*Location is subject to change without notice. The nearest location will be shown to you when you schedule your appointment.

1/3/18

Handbook for Substitute Teachers

Horseheads Central School District

One Raider Lane

Horseheads, NY 14845

Human Resources:

607-739-5601 Ext. 4211

August 2018

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INTRODUCTION

The Horseheads Central School District believes firmly in the importance of a strong substitute program to augment its regular education program.

Education is a continuous process and its needs are best served when teacher absence is minimized, but in those instances when a teacher must be absent, it is imperative that a competent substitute be available to continue the educational process with a minimum of disruption.

It is with that goal in mind that this handbook has been created and distributed. Please feel free to contact the building principal for specific details of assignments in particular buildings.

We hope you will find this handbook helpful, and we welcome your suggestions on how to make it more useful.

GST BOCES AESOP SUBSTITUTE SYSTEM

Our district utilizes the services of the GST BOCES AESOP system to record and manage absences and find substitutes. The AESOP system services utilizes both the internet and the telephone and can be accessed 24 hours a day, 7 days a week.

Certified substitutes are contacted by the AESOP system before uncertified substitutes.

Upon approval of your substitute application, you will be assigned a Personal Identification Number (PIN). You should keep this number in a location where it is convenient when you receive a call. A letter then will be emailed explaining AESOP sub calling procedures.

When a position comes available that matches your qualifications, you will receive a call, at which time you will enter your PIN. You will then have the option to accept or decline the job. You can review or make changes to your profile via the web at http://www.frontlinek12.com/aesop.com. The website offers a tutorial to help familiarize you with the system.

You can also access job information at 1-800-942-3767. You should call in and register with AESOP as soon as possible. You will not receive any calls until you register.

ASSIGNMENTS & NOTIFICATION

At the time of application, each substitute is asked to indicate grade level and subject preferences. We will make every effort to assign each substitute to the area of his or her training, experience, and interest.

The substitute should report to the school Main Office to which he or she is assigned at the appropriate time. In the event of any possible delay, he or she should notify the building principal.

The substitute should always report to the school Main Office first, place his or her name on whatever type of sign-in sheet is used, and get any instructions connected with the day's work.

Each school will have its own substitute folders and information appropriate for that particular school.

The substitute should return to the Main Office prior to leaving a building.

SCHOOL DAY

Substitute teachers who are called to replace a regular classroom teacher are subject to all school regulations. They should be sure that they have access to the teacher's lesson plans and that they have, or know where to get, those prepared materials that will be needed for the day. They should familiarize themselves with the communications system used in that particular school.

Students respond positively to a well-organized classroom. Many discipline problems can be avoided if the substitute has reported early enough to allow time to become familiar with the day's plans.

SUBSTITUTE HOURS

Grades Pre-K - 6
8:00 a.m. – 2:40 p.m. (or until busses have left)
with a 30-minute lunch break

Grades 7 – 12
7:40 a.m. – 3:05 p.m.
with a 40-minute lunch break

SCHOOL BUILDING INFORMATION

Big Flats Elementary School
(Grades Pre K – 4)
607-739-6373
Principal: Elizabeth Scaptura

Center St. Elementary School
(Grades Pre K – 4)
607-739-5601, Ext. 2228
Principal: Patricia Sotero

Gardner Rd. Elementary School
(Grades Pre K – 4)
607- 739-6347
Principal: Patrick Patterson

Ridge Rd. Elementary School
(Grades Pre K – 4)
607- 739-6351
Principal: Anne-Marie Manikowski-Bailey

Intermediate School
(Grades 5 - 6)
607-739-6366
Principal: Michael Bostwick

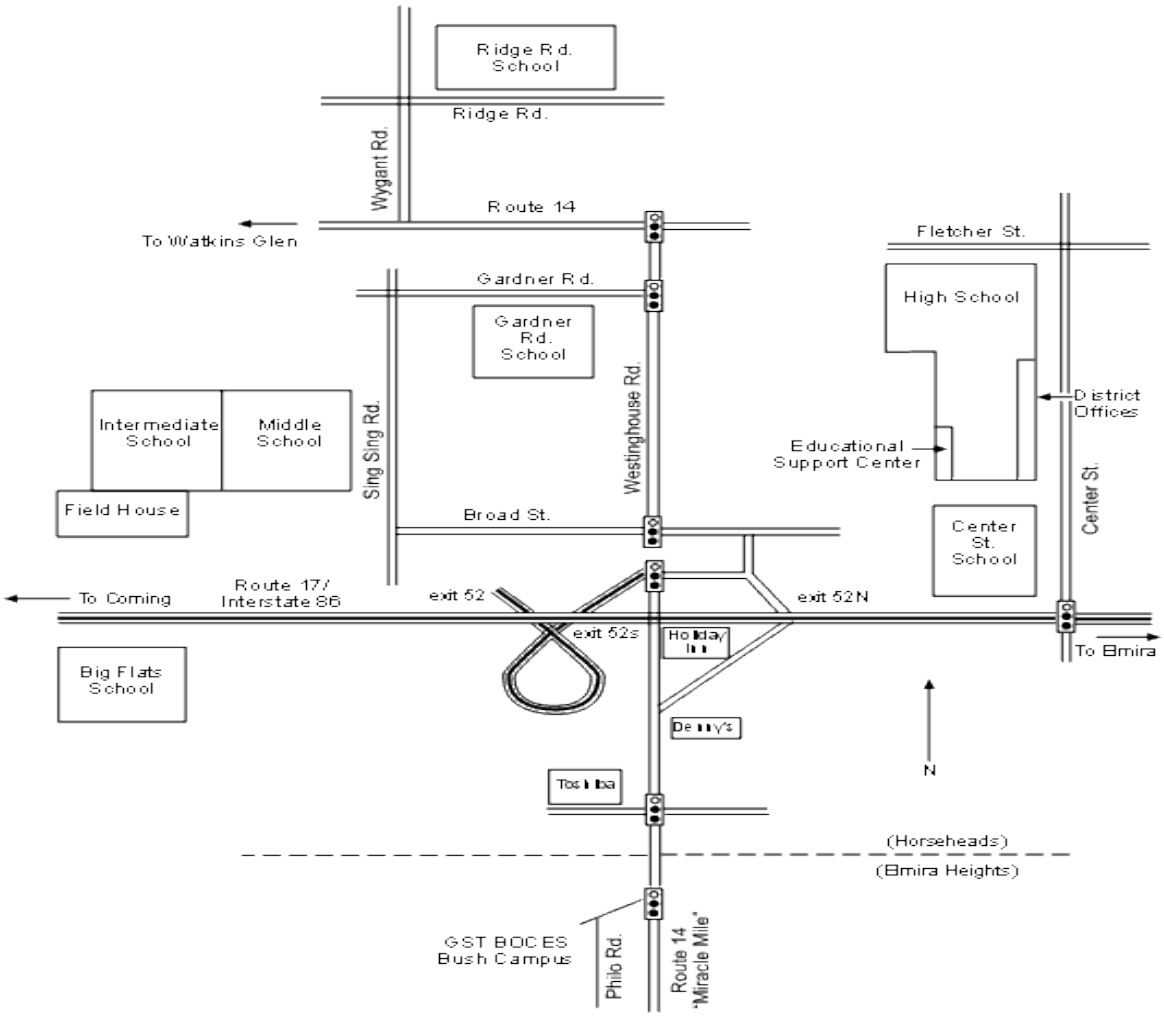
Horseheads Middle School
(Grades 7 - 8)
607-739-6356
Principal: Ron Holloway

Horseheads High School
(Grades 9 – 12)
607-739-5601, Ext. 1234
Start time: 7:50 AM
Principal: Karen Donahue

BUILDING LOCATIONS

Our district contains four Elementary (K-4) Schools, one Intermediate School (5-6), one Middle School (7-8), and one High School (9-12).

DISTRICT MAP



Directions from:

NORTH: Proceed south on Route 13 from Ithaca until it joins with I86 (Route 17). Take I86 West towards Horseheads. At the third light turn right on Center Street. Take the first left turn at the sign indicating "District Administration" and turn right into the parking lot.

SOUTH: Follow signs for Route 14 North through Elmira and Elmira Heights. At the junction with I86 head East. At the first light turn left on Center Street. Take the first left turn at the sign indicating "District Administration" and turn right into the parking lot.

EAST: From I86 make a right hand turn on Center Street at the third light. Take the first left turn at the sign indicating "District Administration" and turn right into the parking lot.

WEST: From I86 make a left hand turn on Center Street at the first light. Take the first left turn at the sign indicating "District Administration" and turn right into the parking lot.

NOTE: After you have parked, enter the building at the entrance marked "District Administration". Turn left and the Human Resources Office is the last office at the end of the hall on the left.

SAFETY

Substitutes must follow all building safety protocols and procedures, and per diem substitutes are required to review a PowerPoint presentation on safety on an annual basis. The presentation can be viewed either in Human Resources or at the individual school buildings.

ATTENDANCE

District-wide, attendance is taken electronically. It is the substitute's responsibility to ensure attendance is taken accurately and in a timely manner.

LUNCH COUNT

Procedures for ordering school lunches in elementary schools are done electronically.

INSTRUCTION

Learning is an individual process. On a daily basis, a student's set of concepts and skills is refined and expanded by the classroom teacher. The substitute teacher's primary duty is to provide continuity by:

- Following, as closely as possible, the plans as prepared by the classroom teacher
- Delivering instruction that is clear and focused
- Having high expectations for student learning
- Monitoring students' learning progress and re-teach what students don't understand
- Establishing an effective classroom management system. It is imperative that a substitute teacher assert his/her leadership in order to achieve such a management system. Leadership implies discipline, fairly administered.

The school administrators are willing to help substitutes and provide any available materials or general information.

During the school day, the substitute assumes responsibility for the entire duty schedule of the classroom teacher. These duties may include such areas as lunchroom, playground, bus supervision, etc.

Frequently sending children to the office for minor problems tends to lessen the effectiveness of the teacher and jeopardizes teacher control. A child should never be sent out of the building without approval from the building principal.

The absence of the regular teacher can be upsetting to children. A substitute should not take children's reactions as a personal affront.

The substitute should correct assignments he or she has made. If such papers are not corrected and then accumulate, they simply add to the burden of the regular teacher when he or she returns.

HOUSEKEEPING

A substitute is a welcome guest in the classroom. He or she does assume certain responsibilities, not only in the area of instruction, but also in regard to the physical aspects of the classroom. The substitute should leave the classroom in as organized a way as when he or she entered. Special care should be taken with respect to books and equipment. The physical arrangement of the room should be left as orderly as possible. A record of accomplishment should be left for the returning teacher.

ETHICS

Substitute teachers are classified as professional employees. While performing their duties, they are accorded the same rights and privileges as the regular teacher. Conversely, they are expected to act professionally not only in the classroom, but also at day's end, when they venture into the community. The substitute teacher is recognized as an important member of the teaching profession and should act accordingly.

Horseheads teachers, through their professional associations, strive for high ethical standards for all members of the teaching profession. Our teachers and administrators are aware that ethical behavior is an important aspect toward the accomplishment and fulfillment of our district goals.

Substitutes should keep in mind that all comments and reactions belong in the confines of a professional organization. If a substitute has praises, comments, or concerns, he or she should make them known to the building principal.

Careless evaluations, indiscreet remarks, petty gossip and unproved generalizations made to people in our community impede the progress of education, destroy the morale of staff members, and hinder the education of our children.

LONG-TERM SUBSTITUTES

A long-term substitute is one who has been hired in the same position for more than 25 consecutive days.

A long-term substitute who works in the same position for more than 25 consecutive days will be paid an amount commensurate with public education experience and educational level, as determined by the District.

EMERGENCY SCHOOL CLOSINGS

Substitute teachers should be alert to the possibility of school closings.

If the weather is threatening, the substitute should listen to local radio stations for announcements concerning possible closings or delays.

SCHOOL DISTRICT CALENDAR

Our school district calendar contains a great deal of information about the district. School calendars are available in any school office or the district office.

RATES – PER DIEM
(Paid to the nearest ¼ Day)

Uncertified Teacher without Four-Year Degree	$90/day
Uncertified Teacher with Four-Year Degree	$95/day
Certified Teacher	$105/day
Retired Teacher from HCSD	$135/day
Retired Teacher from Another District	$115/day
Additional Pay for 20 Days' of Per Diem Sub Teaching	$100
Teaching Assistants	$11.10/hr.
Contract Substitute Teaching Assistant	$11.10/hr.

Horseheads Central School District
is an equal opportunity employer.

Horseheads Central School District
One Raider Lane
Horseheads, NY 14845
607-739-5601 Ext. 4211